

TURINYS

Ką siūlo Oxford Medicine Online?	02
Navigacija namų puslapyje	02
Išplėstinė paieška	03
Darbas su greitos paieškos rezultatais	04
Navigacija pilnateksčiuose dokumentuose	05
Vaizdų parsisiuntimas	06
Naujo vartotojo registracija ir asmeniniai pakeitimai	07
Knygos citavimas	08

Ką siūlo Oxford Medicine Online?

- Tinklalapį su prieiga prie daugybės aukštos kokybės pilnateksčių, patikimų Oxford University Press medicinos leidinių.
- Svarbų šaltinį vienoje vietoje, suteikiantį greitą prieigą prie patikimos informacijos.
- Skirta medicinos studentams, gydytojams, slaugėms, akušeriams ir konsultantams – visiems, kuriems reikia patikimos informacijos greitai.

Navigacija namų puslapyje

- Namų puslapyje vartotojai gali surasti turinį greitai ir intuityviai. Paieškos ir naršymo pasirinkimai yra prieinami kiekviename puslapyje, taip pat ir prieiga prie išplėstinės (ang. Advanced Search) paieškos konkretesnei paieškai.
- Naršyti pagal specialybę (ang. Specialty); karjeros pakopą (ang. Career Stage); serijas (ang. Series);
- Q&A jums suteikia galimybę pasiruošti egzaminams, spręsti testus ir patikrinti savo žinias bei jas gilinti ateityje (reikalinga registracija).



A Focus On: Psychiatric Validity

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Trans-disciplinary validation between neuroscience and psychopathology: evidence from brain functional imaging of a subject in At-Risk-Mental-State (AMRS). Image courtesy of Professor Stefan J. Borgwardt.

Continuous debates around the types and phases of validity of psychiatric diagnosis have been a significant vector for the development of psychiatric classifications over the last half of the 20th century, and into the new millennium. Emerging pro- and anti-psychiatry movements, as well as the new philosophy of mental health conceived by values-based practice, have triggered a process of conceptual revision of the existing models of validation in mental health.

Psychiatry as a **hybrid discipline** that embraces facets from both the natural sciences and humanities has adopted relevant heterogeneous approaches to validity and classification. On the one hand, psychiatry adopted from medicine the categorical stance which resembled typical medical nosological units with narrow borders constituted from exclusion and inclusion criteria. This model turned out to be misleading, due to the lack of etiologically sound explanations and biomarkers robust enough to underpin

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Ebola Virus:

In response to the outbreak of the Ebola virus in West Africa, Oxford University Press has made 50 articles from leading journals and online resources freely accessible to assist researchers, medical professionals, policy makers, and others working on the containment, treatment, and prevention of Ebola hemorrhagic fever. Included in this collection is our previous home page article, A Focus On: Ebola, written by internationally renowned expert Dr Alexander van Tulleken.

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NEWS

DECEMBER 11, 2014 Oxford Medicine Online titles Išplėstinė paieška

- Išplėstinė paieška prieinama kiekviename puslapyje ir suteikia galimybę naudotis galingesne ir sudėtingesne pilnateksčių dokumentų paieška Oxford Medicine Online duomenų bazėje.
- Naudokitės išskleidžiamais meniu, norėdami pasirinkti reikšmes jūsų paieškos kriterijams.
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- Pakeisti rodomų rezultatų skaičių viename puslapyje ir kitus rūšiavimo pasirinkimus. (3)
- Dar labiau prafiltruokite rezultatus, naudodami pasirinkimus kairėje pusėje. (4)
- Paieška rezultatuose. (5)



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Chapter: HIV infection Author(s): Jeremy Hull, Julian Forton, and Anne Thomson DOI: 10.1093/med/9780199204847.003.0023

Overview [link] Respiratory problems [link] When to suspect HIV infection [link] Investigations, treatment, and outcome [link]

Overview



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- · Children with HIV infection often present with respiratory illnesses.
- . The incidence of HIV infection in children shows strong geographic variability. In some parts of sub-Saharan Africa 10-30% of children are infected. The incidence of HIV infection in children in most Western countries is falling because of effective perinatal prevention of vertical transmission.

. It is important for the respiratory paediatrician to be familiar with the clinical features that may suggest a child has HIV infection. The usual clinical question will be: could this child, who has a respiratory illness, have HIV infection as an underlying aetiology? Respiratory paediatricians may also be involved in the care of children with HIV who develop acute or chronic respiratory illness.

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Viral structure and genetic diversity

Viral structure and replication

HIV belongs to the family Retroviridae and the genus *Lentivirus*: Lenti meaning slow due to the long time from infection to disease. HIV, being a retrovirus, encodes the enzyme, reverse-transcriptase, which makes DNA from viral RNA. HIV genetic material, as proviral DNA in the nucleus of infected cells, is able to persist in long-lived reservoirs such as resting T-cells, thwarting efforts to clear HIV from the body.

Viral particles are spherical, about 100 nm in diameter. HIV has two major structural components—the core and the envelope. The core comprises the Gag (group-associated antigens) proteins, including the matrix protein (p17), which lies just beneath the envelope, and the capsid protein (p24) which encloses the viral RNA. The envelope, a lipid membrane, consists of two 'Env' glycoproteins, gp120 and gp41. These proteins exist as trimers on the viral surface facilitating binding and entry to the host cell. Besides reverse transcriptase, two other enzymes, integrase and protease, collectively known as polymerases, are carried inside the viral particle and are encoded by the 'Pol' gene of HIV. In addition to the major structural proteins, a number of regulatory and accessory proteins are also produced, including: Tat and Rev, which enhance levels of gene expression, and Vif, Vpr, Vpu, and Nef, which function to increase viral production and infectivity. Regulatory and accessory proteins are usually only produced once the virus infects cells and are not present inside the viral particles (Morris & Cilliers 2005).



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Fig. 9.13.1 Schematic diagram of HIV showing the constituent proteins and enzymes.

Source: Adapted from Morris & Cilliers (2005), with permission from Cambridge University Press

HIV can attach to any cell that has a CD4+ receptor. Although these receptors are found primarily on the CD4+ lymphocytes, they are also found on a range of mononuclear cells including macrophages, B cells, mature CD8+ cells, and cells in the central nervous system. The process of HIV replication begins when gp120 binds to surface CD4+ and a co-receptor molecule, either CCR5 or CXCR4 (Moore & Doms 2003). Once HIV has successfully attached to the cell, a conformational change occurs allowing gp41 to insert itself into the host cell membrane. The capsid is then intruded into the cytoplasm of the cell where the viral RNA is reverse-transcribed to DNA and transported to the nucleus where, with the aid of the viral enzyme integrase, it is incorporated into human DNA. The transcription process, however, is imperfect, and mutations are common occurrences during replication. The 'errors' in this step are a major reason why HIV is able to escape the immune system and persist (Weiss 2001).

After the viral DNA has been incorporated into the host DNA, it is indistinguishable from the host DNA and is referred to as the 'provirus'. Each time the cell divides, the viral DNA will be passed on to the progeny cells. Proviral DNA can remain quiescent for extended periods of time or become transcriptionally active, particularly in cases where there is inflammation

Naujo vartotojo registracija ir asmeniniai pakeitimai

- Asmeniniai pakeitimai (prisijungus prie savo paskyros) leidžia jums išsaugoti nuorodas į dažnai naudojamas knygas, skyrius ir paieškos rezultatus.
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